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KCC 4929 (K-C 18,622)
PATENT

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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 7/7/05 ATTORNEY DOCKET NUMBER: KCC4929
PTO FACSIMILE NUMBER: (703) 872-9306

PLEASE DELIVER THIS FACSIMILE TO: McCormick Ewoldt, Susan Beth
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Christina M. Spencer 7/7/05
Signature Date

Type of paper transmitted: Request for One Month Extension of

Time

Applicant's Name: David W. Koenig, et al.

Serial No. (Control No.): 10/624,186 Examiner: McCormick Ewoldt

Filing Date: 7/22/03 Art Unit: 1615 Confirmation No.: 6849

Application Title: WIPE AND METHODS FOR IMPROVING SKIN HEALTH

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of David W. Koenig et al
Serial No. 10/624,186
Filed July 22, 2003
Confirmation No. 6849
For WIPE AND METHODS FOR IMPROVING SKIN HEALTH
Examiner MCCORMICK EWOLDT, SUSAN BETH

Art Unit 1615 JUL 07 2005

July 7, 2005

PETITION FOR EXTENSION OF TIME

TO COMMISSIONER OF PATENTS,

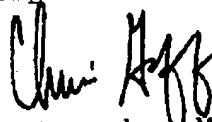
SIR:

Applicant hereby petitions for a one month extension of time up to and including July 9, 2005, in the above-identified application.

This extension is being obtained to ensure co-pendency of the subject application and a continuation application being filed simultaneously herewith.

The Commissioner is hereby authorized to charge \$120.00 for the one month extension of time, as well as any under-payment or credit any over-payment, to Deposit Account No. 19-1345.

Respectfully submitted,



Christopher M. Goff, Reg. No. 41,785
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CMG/LJH/cms

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FAX NO. 3142314342

P. 03

KCC 4929 (K-C 18,622)
PATENT

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JUL 07 2005

Fee Transmittal

Application Number 10/624,186
Filing Date July 22, 2003
Inventor(s) David W. Koenig et al.
Examiner Name McCormick Ewoldt, Susan Beth
Attorney Docket Number KCC 4929

Art Unit 1615
Confirmation No. 6849

[] Applicant claims small entity status.

METHOD OF PAYMENT

[X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

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Fee Calculation

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims _____ (HP) = _____ x Fee _____ = \$ _____
Indep Claims _____ (HP) = _____ x Fee _____ = \$ _____
Multiple Dependent Claims Fee _____
(HP = highest number of claims paid for) Subtotal (2) \$ _____

3. [] APPLICATION SIZE FEE

Total Pages _____ - 100 = _____ + 50 = _____ x \$250 = \$ _____
(Application + Drawings)
(round up to whole #)
Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

[X] One month extension of time
[] Information disclosure statement
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[] Other: _____ Subtotal (4) \$ 120.00

TOTAL AMOUNT OF PAYMENT \$ 120.00

Christopher M. Goff, Reg. No. 1,185
Telephone: 314-231-5400

Date

July 7, 2005